

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2004 OF THE CONDITION AND AFFAIRS OF THE

CAPE HEALTH PLAN, INC.

	0000 0000 ent Period) (Prior Period)	NAIC Company Code	95759 Employer's	ID Number	38-2455176	
Organized under the Laws	, , , , , , , , , , , , , , , , , , , ,	n , State o	of Domicile or Port of Entry	Mi	chigan	
Country of Domicile		United States	s of America			
Licensed as business type:	Life, Accident & Health []	Property/Casualty [] Dental Service Corpo	ration []		
	Vision Service Corporation [] Other []	Health Maintenance	Organization [X]	
	Hospital, Medical & Dental Se	ervice or Indemnity []	Is HMO, Federally Qu	ualified? Yes []	No [X]	
Incorporated	04/29/1982	Commenced Busin	ess	04/29/1982		
Statutory Home Office	26711 Northwestern F			hfield, MI 48034	d-)	
	(Street and I	,	, ,	own, State and Zip Coo	de)	
Main Administrative Office	-		stern Highway, Suite 300 eet and Number)			
	uthfield, MI 48034 Town, State and Zip Code)		248-386-3 (Area Code) (Telepho			
	26711 Northwestern Highway, S	Suite 300		d, MI 48034		
	(Street and Number or P.O. Box		(City or Town, S	tate and Zip Code)		
Primary Location of Books a	nd Records	26711	Northwestern Highway, Su	ite 300		
So	uthfield, MI 48034		(Street and Number) 248-386-3	003		
, ,	Town, State and Zip Code)		(Area Code) (Telepho	one Number)		
Internet Website Address		www.cap	ehealth.com			
Statutory Statement Contact	Thomas A. (Name)			-386-3003 phone Number) (Exter	naina)	
tmur	ar@capehealth.com		, ,,	, , , ,	nsion)	
	(E-mail Address)		(FAX Numb	er)		
Policyowner Relations Conta			rthwestern Highway			
So	uthfield, MI 48034	and Number)	248-386-3	003		
(City or	Town, State and Zip Code)		(Area Code) (Telephone No	umber) (Extension)	_	
		OFFICERS				
Name	Title	OTTIOLIS	Name	-	Title	
Nancy Wanchik	, President & Chief Op	perating Officer W	/illiam Brodhead ,		ecretary	
Susan Sarin	, Chief Executiv		Ralph Woronoff ,	Ire	easurer	
Delores Baker MD	. Medical Dir	OTHER OFFICER	i S lichele Lundberg ,	Chief Com	pliance Officer	
Thomas Murar	, Chief Financia		Rodger Prong ,		rovider Services	
		ECTORS OR TRUS	STEES			
Nancy Wanchik Sharon Cooper-Jone	William Bro s Etrue Bry		Ralph Woronoff Shirley Lightsey		Coleman as Murar	
Delores Baker	Susan S		illiey Lightsey	THOM	as iviurai	
Ctata of	Mishigan					
		ss				
County of	Macomb					
	ity, being duly sworn, each depose a dassets were the absolute property					
this statement, together with rela	ted exhibits, schedules and explanat	tions therein contained, annexed of	or referred to is a full and true sta	atement of all the a	ssets and liabilities and	
completed in accordance with the	e said reporting entity as of the repo e NAIC Annual Statement Instruction	ns and Accounting Practices and F	Procedures manual except to the	extent that: (1) stat	te law may differ; or, (2)	
	uire differences in reporting not rela ope of this attestation by the describ					
	differences due to electronic filing) of					
to the enclosed statement.						
Nancy Wa	nchik	Thomas Murar		Susan Sa	rin	
President & Chief Op		Chief Financial Officer		Chief Executive		
			a. Is this an original f	iling?	Yes [X] No []	
Subscribed and sworn to b			b. If no,	•	[] [.]	
24day of	February, 2005		 State the amend Date filed 	iment number	02/24/2005	
			3. Number of page	s attached		
Linda Rusie			o. Number of page	υ αιιαυπου		
Notary Public 03/26/2007						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 1 2 2 3 3 1 - 60 Days 1 3 1					· · · · · · · · · · · · · · · · · · ·		
NONE NONE 029997 Group subscribers subtotal 0299997 Group subscriber subtotal 0299999 Total quoqual of tom Medicare entities	1	2	3	4	5	6	7
Solution of the state of the st	Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Solution of the state of the st	0199999 Total individuals						
NONE 229997 Group subscriber subtotal 2299997 Group subscriber subtotal 2299997 Group subscriber subtotal 2299999 Fremiums due and unpaid not individually listed 2299999 Total group 229999 Total gr	Group subscribers:						
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							l
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1			l
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1			<u> </u>
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1			<u> </u>
0299997 Group subscriber subtotal 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1			
0299998 Premiums due and unpaid not individually listed	_						
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed							
0299998 Premiums due and unpaid not individually listed	0299997 Group subscriber subtotal	0	0	0	0	0	0
0299999 Total group	0299998 Premiums due and unpaid not individually listed						
039999 Premiums due and unpaid from Medicare entities	0299999 Total group	0	0	0	0	0	0
049999 Premiums due and unnaid from Medicaid entities	0399999 Premiums due and unpaid from Medicare entities		<u> </u>	1			
V 10000 F Totalianio dalo ano anpara nomi modiodia onatioo	0499999 Premiums due and unpaid from Medicaid entities						
	0599999 Accident and health premiums due and unpaid (Page 2, Line 12)	0	0	0	0	0	0

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBIT 3 - HEALTH CARE RECEIVABLES								
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted		
Individually Listed Receivables: 0199999 -	•							
0199999 -	0					0		
State of Michigan	1,613,273					1,613,273		
0699999 -	1,613,273					1,613,273		
				†	†	†		
						1		
						··		
				-	·	-		
						· ·····		
						-		
				<u> </u>		†		
						I		
0799999 Gross health care receivables	1,613,273					1,613,273		

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported) Institutional									
Institutional	4,600,000	2,600,000	1,133,000			8,333,000			
Professional	2,200,000	1,200,000	600,000			4,000,000			
Pharmacy	60,000					60,000			
					-				
						·			
						•			
						•			
						40.000.000			
0199999 Individually listed claims unpaid.	6,860,000	3,800,000	1,733,000	0	0	12,393,000			
0299999 Aggregate accounts not individually listed-uncovered						U			
0399999 Aggregate accounts not individually listed-covered	0.000.000	2 000 000	4 700 000	0	0	40, 202, 202			
0499999 Subtotals	6,860,000	3,800,000	1,733,000	0	0	12,393,000			
0599999 Unreported claims and other claim reserves						4,000,000			
0699999 Total amounts withheld						40, 202, 202			
0799999 Total claims unpaid						16,393,000			
0899999 Accrued medical incentive pool and bonus amounts						2,178,397			

Exhibit 5 - Amounts Due From Parent, Subs

Exhibit 6 - Amounts Due To Parent, Subs

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE CAPE HEALTH PLAN, INC.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

		10/10/11				
	1	2	3	4	5	6
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a %	Members	as a %	Expenses Paid to	Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
Medical groups	20,985,166	16.2		1,081.7	20,985,166	
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	20,985,166	16.2		1,081.7	20,985,166	0
Other Payments:			·			
5. Fee-for-service	12,097,084	9.3	XXX	XXX	12,097,084	
6. Contractual fee payments	94,595,517	73.1	XXX	XXX	94,595,517	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	1,797,580	1.4	XXX	XXX	1,797,580	
12. Total other payments	108,490,181	83.8	XXX	XXX	108,490,181	0
13. TOTAL (Line 4 plus Line 12)	129,475,346	100 %	XXX	XXX	129,475,346	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NON				
			100/	2004	XXX
9999999 Totals			XXX	XXX	

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	461,674		(314,336)	147 , 338	(66,302)	81,036
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	461,674	0	(314,336)	147,338	(66,302)	81,036



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CAPE HEALTH PLAN, INC.

NAIC Group Code 0000 BUSINESS IN THE STATE (OF Michigan				DURING THE YE	AR 2004				(LOCA	TION) NAIC Compa	nv Code	95759
	1	Compre (Hospital &		4	5	6	7	8 9		10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	63,963								63,963				
2 First Quarter	66,333								66,333				
3 Second Quarter	68,927								68,927				
4. Third Quarter	79,237								79,237				
5. Current Year	81,358								81,358				
6 Current Year Member Months	880,057								880,057				
Total Member Ambulatory Encounters for Year:													
7. Physician	262,404								262,404				
8. Non-Physician	209,620								209,620				
9. Total	472,024	0	0	0	0	0	0	0	472,024	0	0	0	0
10. Hospital Patient Days Incurred	34,879								34,879				
11. Number of Inpatient Admissions	8,507								8,507				
12. Health Premiums Written	157 ,070 ,955								157 , 070 , 955				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	157 ,070 ,955								157 , 070 , 955				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	129 , 475 , 346								129,475,346				
18. Amount Incurred for Provision of Health Care Services	131,452,748								131,452,748				

(a) For health business: number of persons insured under PPO managed care products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CAPE HEALTH PLAN, INC.

NAME OF A STATE OF A S	F0 "11.1					A.D. 000.4				(LOCA	TION)	0 1	05750
NAIC Group Code 0000 BUSINESS IN THE STATE O	F Consolidated	Compre	honeivo	1	DURING THE YEA	AR 2004	1			I	NAIC Compai	ny Code	95759
	1	(Hospital 8		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	63,963	0	0	0	0	0	0	0	63,963	0	0	0	
2 First Quarter	66,333	0	0	0	0	0	0	0	66,333	0	0	0	
3 Second Quarter	68,927	0	0	0	0	0	0	0	68,927	0	0	0	
4. Third Quarter	79,237	0	0	0	0	0	0	0	79,237	0	0	0	
5. Current Year	81,358	0	0	0	0	0	0	0	81,358	0	0	0	
6 Current Year Member Months	880,057	0	0	0	0	0	0	0	880,057	0	0	0	
Total Member Ambulatory Encounters for Year:													
7. Physician	262,404	0	0	0	0	0	0	0	262,404	0	0	0	
8. Non-Physician	209,620	0	0	0	0	0	0	0	209,620	0	0	0	
9. Total	472,024	0	0	0	0	0	0	0	472,024	0	0	0	
10. Hospital Patient Days Incurred	34,879	0	0	0	0	0	0	0	34,879	0	0	0	
11. Number of Inpatient Admissions	8,507	0	0	0	0	0	0	0	8,507	0	0	0	
12. Health Premiums Written	157 ,070 ,955	0	0	0	0	0	0	0	157 , 070 , 955	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	157 , 070 , 955	0	0	0	0	0	0	0	157 , 070 , 955	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	129 , 475 , 346	0	0	0	0	0	0	0	129,475,346	0	0	0	
18. Amount Incurred for Provision of Health Care Services	131,452,748	0	0	0	0	0	0	0	131,452,748	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	48 , 278
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(12,874)
	2.1 Totals, Part 1, Column 11 2.2 Totals, Part 3, Column 7	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 9	0
5.	4.2 Totals, Part 3, Column 9 Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.1 Totals, Part 1, Column 12	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	35,404
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	35 , 404
	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	19 , 472

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2 mortgage lines. Net Admitted Assets column)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).

SCHEDULE D - PART 1A - SECTION 1

		Quality and Maturi	ty Distribution of All Bo			d Carrying Values by M		and NAIC Designations	S		
	1	2 Over 1 Year Through 5	3	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Place
Quality Rating per the NAIC Designation	1 Year or Less	Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &	DA (Group 1)			-							
1.1 Class 1						0	0.0	0	0.0		
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
2. All Other Governments, Schedules	D & DA (Group 2)										
2.1 Class 1	`					0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possessions	s etc Guaranteed. S	chedules D & DA (Grou	p 3)	·	·	·	*	-		·	·
3.1 Class 1		1				0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
4. Political Subdivisions of States, Te	•	•	edules D & DA (Group	4)	0	O O	0.0	0	0.0	· ·	
4.1 Class 1				-1/		0	0.0	0	0.0		
4.2 Class 2						Λ	0.0	n	0.0		
4.3 Class 3						0	0.0	O	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5					• • • • • • • • • • • • • • • • • • • •	n	0.0	n	0.0		
4.6 Class 6						n	0.0	0	0.0		
4.7 Totals	0	0	n	0	0	0	0.0	0	0.0	Λ	(
5. Special Revenue & Special Assess	,		odules D & DA (Group	U	U	U	0.0	U	0.0	U	
5.1 Class 1	ment Obligations etc	., Non-Guaranteed, Sch	a DA (GIOUP	<i>3</i>)		Λ	0.0	۸	0.0		
5.1 Class 1						 ^	0.0	 0	0.0		
5.3 Class 3						 n	0.0		0.0		
5.4 Class 4		-				n	0.0	U	0.0		†
5.5 Class 5						 ^	0.0	 0	0.0		
5.6 Class 6							0.0		0.0		
	0	0	^	0	^	0	0.0	0	0.0	^	,
5.7 Totals	0	0	U	0	0	U	0.0	0	0.0	0	(

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE CAPE HEALTH PLAN, INC.

SCHEDULE D - PART 1A - SECTION 1 (continued)

		Quality and Maturi	ty Distribution of All Be	onds Owned December	er 31, at Book/Adjuste	ed Carrying Values by N	Najor Types of Issues a	and NAIC Designation	s		
	1	2	3	4	5	6	7	8	9	10	11
			Over 5 Years Through	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately Place
Quality Rating per the NAIC Designation		Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched	dules D & DA (Group (6)					0.0				
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffili	iated), Schedules D &	DA (Group 7)									
7.1 Class 1	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	
8. Credit Tenant Loans, Schedules D			•			, ,		, ,		, ,	
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	, and the same of	Ü	·	Ŭ	, i	0.0	·	0.0		
9.1 Class 1	Concación de de per (e					0	0.0	0	0.0		
9.2 Class 2						n	0.0	n	0.0	• • • • • • • • • • • • • • • • • • • •	
9.3 Class 3		<u> </u>				n	0.0		0.0		
9.4 Class 4						n	0.0	n	0.0	• • • • • • • • • • • • • • • • • • • •	
9.5 Class 5						n	0.0	n	0.0		
9.6 Class 6		†			†	n	0.0	ر ۱	0.0		†
9.0 Class 6	<u> </u>	 			_	0	0.0	0	0.0		!

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Total from Col. 6 Total Publicly Total Privately Placed Over 1 Year Through 5 Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation 10 Years Through 20 Years Over 20 Years Total Current Year Prior Year 1 Year or Less Years % of Line 10.7 Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 .1,000,000 .1,000,000 100.0 XXX XXX ..1,000,000 .XXX. 10.2 Class 2 0.0 XXX. ..0.0 .XXX. 10.3 Class 3 XXX. XXX. 10.4 Class 4 0.0. XXX. XXX 10.5 Class 5 0.0 XXX 0.0 XXX XXX 10.6 Class 6 0 10.7 Totals 1.000.000 1,000,000 100.0 XXX XXX 1.000.000 10.8 Line 10.7 as a % of Col. 6 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year XXX 1.000.000 100.0 1.000.000 1.000.000 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .XXX. .XXX. .1,000,000 11.7 Totals .1,000,000 ...0 .100.0 ..1,000,000 11.8 Line 11.7 as a % of Col. 8 100.0 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds 1.000.000 12.1 Class 1 1.000.000 1.000.000 100.0 1.000.000 .100.0 XXX 12.2 Class 2 0 0 0.0 XXX 0.0 XXX 12.3 Class 3 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 12.7 Totals 100.0 1,000,000 1,000,000 .1,000,000 .100.0 XXX 12.8 Line 12.7 as a % of Col. 6 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX Col. 6, Section 10 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 0.0 0 0 13.6 Class 6 13.7 Totals 0.0 0.0 XXX 13.8 Line 13.7 as a % of Col. 6 0.0 0.0 ..0.0 0.0 0.0 0.0 XXX. XXX XXX XXX. .0.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0 Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distribu	tion of All Bonds O	wned December 31,	at Book/Adjusted C	arrying Values by N	<u> Najor Type and Subt</u>	ype of Issues				
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a %	8 Total from Col 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1, U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations						0	0.0	Ω	0.0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
2. All Other Governments, Schedules D & DA (Group 2)				Ť						•	
2.1 Issuer Obligations				1		0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	n	
States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	· ·	V	V	0	0	V	0.0	0	0.0	0	
3.1 Issuer Obligations						0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities			•			0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES									0.0		
3.3 Defined						0	0.0	0	0.0		
3.4 Other				†		0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						υ 	0.0	 Λ	0.0		
3.7 Totals	_	^	^	^	^	0	0.0	0	0.0	^	
	U	U	U	U	U	Ü	0.0	U	0.0	U	
Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	dules D & DA (Group 4)			1		0	0.0	0	0.0		
4.1 Issuer Obligations							0.0		0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						J	0.0	U	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined						0	0.0	0	0.0		
4.4 Other				•			0.0	Q	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-			•	•		U		U	0.0		• • • • • • • • • • • • • • • • • • • •
BACKED SECURITIES											
						0	0.0	0	0.0		
4.5 Defined				•		U	0.0	U	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher	dules D & DA (Group 5)		1						2.2		
5.1 Issuer Obligations			ļ	ļ		ļ0	0.0	Ω	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						_		•	0.0		
5.3 Defined	ļ		†	 		ļ	0.0	ļQ	0.0		ļ
5.4 Other			ļ	ļ		0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-			ĺ								
BACKED SECURITIES											
5.5 Defined			ļ	ļ		0	0.0	Ω	0.0		
5.6 Other	<u> </u>					0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

9.6 Other

9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE CAPE HEALTH PLAN, INC.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues 10 Over 5 Years Col. 6 as a Total from Col. 6 **Total Publicly Total Privately** Over 10 Years % From Col. 7 Over 1 Year Through 5 Through 20 Years Through 10 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Distribution by Type 1 Year or Less Years Prior Year Traded Placed 6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6) ..0.0 6.1 Issuer Obligations . .0.0 6.2 Single Class Mortgage-Backed/Asset-Based ...0.0 .0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES ...0.0 .0.0 6.3 Defined ...0.0 .0.0 6.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES ..0.0 6.5 Defined 6.6 Other 0.0 0.0 6.7 Totals 0 0.0 0.0 7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7) .100.0 7.1 Issuer Obligations .1,000,000 1,000,000 .100.0 ..1,000,000 7.2 Single Class Mortgage-Backed/Asset-Based ...0.0 .0.0 Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 7.3 Defined ...0.0 .0.0 ...0.0 7.4 Other .0.0 MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 7.5 Defined ...0.0 .0.0 7.6 Other 0.0 0.0 7.7 Totals 1.000.000 1.000.000 100.0 1.000.000 100.0 1.000.000 8. Credit Tenant Loans, Schedules D & DA (Group 8) ...0.0 8.1 Issuer Obligations .0.0 8.7 Totals 0.0 0.0 9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9) 9.1 Issuer Obligations 9.2 Single Class Mortgage-Backed/Asset-Based 0.0 Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 0.0 9.3 Defined ...0.0 ..0.0 MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES ...0.0 .0.0 9.5 Defined

0.0

0.0

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SCHEDULE D - PART 1A - SECTION 2 (continued)

SC	HEDULI	E D - PA	KI 1A-	SECTION)N 2 (CO	ntinuea)				
Maturity Distrib	oution of All Bond	s Owned Decemb		justed Carrying V			Issues				
	1	2	3	4	5	_ 6	7	_ 8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year	4 000 000				0	4 000 000	400.0	VVV	VVV	4 000 000	0
10.1 Issuer Obligations	1,000,000	U			0	1,000,000	100.0	XXX	XXX	1,000,000	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	D		0	0	0	0	0.0	XXX	XXX	0	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0			0	0	0.0	VVV	XXX	0	0
10.3 Defined	U	U	U	l	U	U	0.0	XXXXXX	XXX	U	
10.4 Other	J				U			ΛΛΛ			
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other		D			0	 N	0.0	XXX	XXX	D	 N
10.7 Totals	1.000.000	0	0	0	0	1.000.000	100.0	XXX	XXX	1.000.000	0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year	100.0	0.0	0.0	0.0	0.0	100.0	ΛΛΛ	۸۸۸	7///	100.0	0.0
11.1 Issuer Obligations	1,000,000	n	n	0	Λ	XXX	XXX	1.000.000	100.0	1,000,000	n
11.1 Issuel Obligations 11.2 Single Class Mortgage-Backed/Asset-Backed Securities		n	n	n	 N	XXX	XXX		0.0		 N
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES				I							
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	1,000,000	0	0	0	0	XXX	XXX	1,000,000	100.0	1,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES							0.0				VVV
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other	4 000 000				0	1 000 000	0.0	0	0.0	1 000 000	XXX
12.7 Totals	1,000,000	0.0	0.0	0.0		1,000,000	100.0 XXX	1,000,000	100.0 XXX	1,000,000 100.0	XXXXXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	۸۸۸
13. Total Privately Placed Bonds						0	0.0	0	0.0	XXX	0
13.1 Issuer Obligations						U	0.0	 0	0.0	XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities								U		ΛΛΛ	
13.3 Defined						n	0.0	0	0.0	XXX	n
13.4 Other						 N	0.0	D	0.0	XXX	 N
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES										/////	
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other			I	I		0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

Schedule DA - Part 2

NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insu	rance Listed	I by Reinsuring Com	pany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding :	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(estimated)	Taken Other than for Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
67105	41-0451140	04/01/2004	Reliastar Life Insurance Company	Mineapolis, MN.	OTH/L/I	292,998	(
	Total Affiliates		1 /	1 '		292,998						1
						,,,,,						1
						•••••						
	· · · · · · · · · · · · · · · · · · ·					•••••						
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SCHEDULE S - PART 4

						surance Ceded to Ui	nauthorized Compar						
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
	· · · · · · · · · · · · · · · · · · ·												
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		(000 C	millea)			
		1 2004	2 2003	3 2002	4 2001	5 2000
A. (OPERATIONS ITEMS					
1.	Premiums		0	0	0	0
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	293	198	117	101	123
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
C. (UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	35,397,668		35 , 397 , 668
2.	Accident and health premiums due and unpaid (Line 12)	0		0
3.	Amounts recoverable from reinsurers (Line 13.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	0	0
5.	All other admitted assets (Balance)	2,045,561		2,045,561
6.	Total assets (Line 26)	37,443,229	0	37,443,229
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	16,393,000	0	16,393,000
8.	Accrued medical incentive pool and bonus payments (Line 2)	2, 178, 397		2,178,397
9.	Premiums received in advance (Line 8)	0		0
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	4,186,821		4,186,821
12.	Total liabilities (Line 22)	22 , 758 , 217	0	22 , 758 , 217
13.	Total capital and surplus (Line 30)	14,685,012	XXX	14,685,012
14.	Total liabilities, capital and surplus (Line 31)	37,443,229	0	37,443,229
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool.	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	0		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		PART 2 - SUMMAR	Y OF INS	OKER 2	IKANSA	CHONS	WIIHAN	IY AFFIL	IA I	E 5		
1	2	3	4	5	6 Purchases, Sales or Exchanges of Loans, Securities, Real	Incurred in Connection with Guarantees or	8	9 Income/ (Disbursements)	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's	12	13 Reinsurance Recoverable/ (Payable) on Losses
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Estate, Mortgage Loans or Other Investments	Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Incurred Under Reinsurance Agreements	*	Ordinary Course of the Insurer's Business	Totals	and/or Reserve Credit Taken/(Liability)
95759	. 38-3435959 . 38-2455176 . 38-3300867 . 38-3511552	HCLB, Inc									0	
		vape management, inc.										
9999999 C	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		SEE E	XPLANAI	ION
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES	[X]	NO []
3.	2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		[X]	NO []
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES	[X]	NO []
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES	[X]	NO []
6.	Will the Life Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO [Х]
7.	Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?	YES	[]	NO [Х]
	APRIL FILING				
8.	Will Management's Discussion and Analysis be filed by April 1?	YES	[X]	NO []
9.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	YES	[]	NO [Х]
10.	Will the Investment Risks Interrogatories be filed by April 1?	YES	[X]	NO []
	JUNE FILING				
11.	Will an audited financial report be filed by June 1 with the state of domicile?	YES	[X]	NO []
XPL	ANATIONS:				
Not	Annlicable				

E

- 1. Not Applicable
- 6. Not Applicable
- 7. Not Applicable
- 9. Not Applicable

BAR CODE:







OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP					
2504. Office Expense			35.072		35.072
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	35,072	0	35,072